

ENDORSEMENT TO CARRY CONCEALED OR LOADED FIREARM
Retired Correctional Peace Officer (PC 12027(a) and 12031(b)(1))

EMPLOYEE NAME (First, MI, Last)	DATE OF HIRE	DATE OF RETIREMENT
TYPE OF RETIREMENT		
<input type="checkbox"/> SERVICE - REGULAR RETIREMENT	<input type="checkbox"/> INDUSTRIAL DISABILITY - JOB RELATED <input type="checkbox"/> DISABILITY - NON JOB RELATED <input type="checkbox"/> DISABILITY DOCUMENTATION ATTACHED	
HOME TELEPHONE NUMBER:		

INITIAL REQUEST

1. TYPE OF RETIREMENT IS APPROPRIATE <input type="checkbox"/> YES <input type="checkbox"/> NO Comments:	6. COMPLETED DOCUMENTS <input type="checkbox"/> CDC 894-A <input type="checkbox"/> CDCR 1051 <input type="checkbox"/> CDCR 1053 <input type="checkbox"/> CDCR 1054 <input type="checkbox"/> CDCR 2164 <input type="checkbox"/> OPOS 8016	
2. IS A RETIRING PEACE OFFICER <input type="checkbox"/> NO <input type="checkbox"/> YES Comments:		
3. QUALIFIES FOR HONORABLE RETIREMENT AS DEFINED IN PC 12027(a)(1)(A) <input type="checkbox"/> NO <input type="checkbox"/> YES Comments:		
4. DOJ INQUIRY SUBMITTED <input type="checkbox"/> NO <input type="checkbox"/> YES (All retirees applying for a CCW endorsement must submit Live Scan fingerprints. Retirees will be required to wait for the DOJ and FBI clearances before a card will be issued.)		
5. HONORABLY RETIRED BUT DISQUALIFIED DUE TO FACTORS NOTED:		
To: Wardens, Regional Parole Administrators, Deputy Directors, Assistant Directors: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
SIGNATURE (<i>do not sign this section for a renewal</i>)	PRINTED NAME	DATE

RENEWAL REQUEST

1. NEW ID CARD NUMBER (<i>completed after card issuance</i>):	5. COMPLETED DOCUMENTS <input type="checkbox"/> CDC 894-A <input type="checkbox"/> CDCR 1051 <input type="checkbox"/> CDCR 1053 <input type="checkbox"/> CDCR 2164 (if needed)	
2. NEW EXPIRATION DATE (<i>completed after card issuance</i>):		
3. DOJ INFORMATION REQUESTED <input type="checkbox"/> NO <input type="checkbox"/> YES (Live Scan fingerprints are required only if they were not submitted correctly initially, and the retiree is not in the CDCR CCW database.)		
4. DISQUALIFYING FACTORS NOTED	<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO
To: Captain, Emergency Operations Unit:	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
SIGNATURE	PRINTED NAME	DATE